

Central Asia FETP

Background

In 2003, the Central Asia Regional Field Epidemiology Training Program (CAR FETP) was established with the Ministries of Health (MOHs) from five Central Asian republics (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan), the U.S. Centers for Disease Control and Prevention (CDC), and the U.S. Agency for International Development. The program is headquartered in Almaty, Kazakhstan.

Program Objectives

The primary objective of the CAR FETP is to support the five MOHs' priorities in the identification, investigation, documentation, and dissemination of information about existing and emerging health problems, and in the implementation and evaluation of disease prevention programs through a trained cadre of applied public health epidemiologists.

CAR FETP also aims to strengthen the capacity of the MOHs to respond to public health threats and to integrate activities that require similar control and response skills.

Program Structure

The CAR FETP is a 2-year in-service training program in applied epidemiology. It trains public health leaders while providing epidemiologic services to health authorities in the five Central Asia republics.



Between 2003 and 2009, the CAR FETP has graduated 40 residents. Since its inception, the program has conducted 99 outbreak investigations and 40 surveillance evaluations, and completed 28 research studies. The program is recognized by the MOHs as a venue for training the next generation of public health leaders in Central Asia.

Residents spend 25% of their time in classroom instruction and 75% in field assignments. They take courses in epidemiology, biostatistics, communications, health economics, and management. In addition, residents work in the field, where they conduct epidemiologic investigations and field surveys, evaluate surveillance systems, perform disease control and prevention measures, report their findings to decision- and policy-makers, and train other health workers.

CDC (through its Division of Public Health Systems and Workforce Development) is supporting the program by assigning a resident advisor to provide technical

assistance in the development of training materials, teaching and mentoring residents, and giving consultation on priority public health issues in the Central Asia region.

Current Funding and Partnerships

- CDC
- U.S. Department of Defense's Defense Threat Reduction Agency
- Kazakhstan MOH
- Kyrgyzstan MOH
- Tajikistan MOH
- Turkmenistan MOH
- Uzbekistan MOH



CAR FETP Countries

Program Impact

About 85% of the CAR FETP graduates work in their respective government's health system. Several have been appointed to high-level positions in the MOH where they can influence the way public health is practiced in their country.

For example, in Kazakhstan, one graduate is Head of the National Surveillance Department and another is the National TB Coordinator. In Tajikistan, the Deputy Minister of Health is a CAR FETP alumnus and another is Deputy Director of the Republican Sanitary Epidemiologic System (responsible for national diseases surveillance and control).

Program Accomplishments

The CAR FETP conducts an average of 15–20 outbreak investigations per year. Some of their recent investigations are highlighted below.

Anthrax Outbreak, Kyrgyzstan

In August 2007, an anthrax outbreak in Uzgen, Kyrgyzstan, affected 13 people. The investigation by CAR FETP residents revealed that the source of the outbreak was sick cows that had been slaughtered for human consumption. Recommendations made to the local health and veterinary departments included continued surveillance for human anthrax, distribution of health messages on slaughtering animals and handling raw meat, and improved delivery of preventive veterinary services.

Hantavirus Hemorrhagic Fever, Western Kazakhstan

In January 2008, an outbreak of hantavirus hemorrhagic fever with renal syndrome occurred in western Kazakhstan. This outbreak affected four patients who were exposed to contaminated animal feed. CAR FETP residents recommended environmental measures to eliminate rats in nearby areas. Residents also led educational seminars for epidemiologists, clinicians, and laboratorians. In addition, they delivered health education messages to the public to help them reduce their exposure to rats and the diseases they carry.

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